

Sunny Days Summer Camp



2023 Registration Form

Camper Name _____

Address _____

City _____ ST _____ Zip _____ Phone _____

Parent/Guardian Name/s _____

Phone (C) _____ Phone (C) _____

Parents Email _____

Age at Camp _____ Birthdate _____ School Grade (2022/23) _____

***To attend Sunny Days summer camp, your child must be registered at St. Katharine Drexel for the 2023/2024 school year.**

Weeks Attending (Please Circle) #1 #2 #3 #4 #5 #6 #7

Please Check: Full Day Camp: _____ Mini Camp: _____ (9:00 am – 12:00 pm)

T-Shirt Size: (Please Circle) YS YM YL AS AM AL AXL

Medical Information

Does the camper have any allergies? Yes No If Yes, please describe: _____

Is the camper taking any medications? Yes No If Yes, please describe: _____

Does the camper have dietary restrictions? Yes No If Yes, please describe: _____

Sunny Days Summer Camp

Emergency Contact Names	Relationship to Camper	Contact #	Contact #

Medical Insurance Provider/s	Policy Holder	Policy #	Contact #

CAMPER RELEASE: PERSON(S) TO WHOM THE CHILD MAY BE RELEASED: (PLEASE PROVIDE FULL NAME)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Waiver of Liability

I hereby authorize Sunny Days Summer Camp staff to act for me according to their best judgment in any emergency requiring medical attention, and I, at this moment, waive St. Katharine Drexel from any and all liability for any injuries or illness incurred while at the Sunny Days Summer Camp. I have no knowledge of any physical impairment that would be affected by my child/ren's participation in the program. I also understand that Sunny Days Summer Camp retains the right to use photographs and videos of the participants during the summer camp for publicity and advertising purposes. I also understand that the Sunny Days Summer Camp staff reserve the right to dismiss any participant whose conduct is detrimental to the program, and no refund will be issued. I hereby give my permission for my child to watch G and PG-rated movies. In addition, I give my son/daughter permission to use the technology at Sunny Days Summer Camp. During the times they will be using technology, staff members will monitor them. Campers are to follow all rules and use the technology with respect and responsibility. I, as well as my child, understand that if they do not cooperate, they will not be allowed to use any technology for the remainder of the camp, and if any damages occur, I will be held accountable.

Parent Signature: _____ Date: _____

Sunny Days Summer Camp

Payment Information

Pricing

Full-Day Camp (5 days, 9:00 am to 3:00 pm): \$225.00

Half Day (5 days, 9:00 pm to 12:00 pm) \$125.00

(You must fill out the entire sheet)

Registration Fee \$25 (Must be paid by check. Cash will not be accepted)

1st Child Tuition \$ _____

2nd Child Tuition @ 10% off \$ _____

3rd Child Tuition @ 10% off \$ _____

TOTAL DUE: \$ _____

Amount Enclosed with Registration \$ _____

Please return registration materials to school by Friday, April 1st.

Balance Due \$ _____

Tuition must be paid in full by Friday, June 2nd.

A confirmation email will be sent to you after registration has closed.

Sunny Days Summer Camp

CARES Registration

Weeks Attending (Please Circle) #1 #2 #3 #4 #5 #6 #7

Please check when your child will require CARES.

AM CARES: _____ Arrival Time: _____

PM CARES: _____ Pick-Up Time: _____

Payment Information

Pricing

\$10.00 per hour

Payment Due Date

CARES payments are due every Monday. There is no CARES on the last day of camp.

Payment Options

CARES payments must be paid by check.